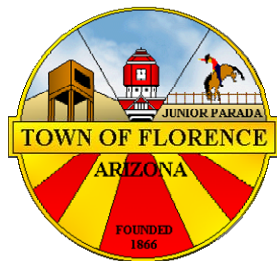


# ADDENDUM C

FIREWORKS PERMIT APPLICATION



# Florence Fire Department

72 East First Street

P.O. Box 2670

Florence, Arizona 85132

Phone: (520) 868-7609

Fax: (520) 868-7644

## APPLICATION FOR OUTDOOR DISPLAY OF FIREWORKS PERMIT

Date of Application \_\_\_\_\_

\*\*Allow 10 business days from a complete submittal for review and comments

### APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*\*Lead Pyrotechnic Operator

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Local Address \_\_\_\_\_

24 Hour Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

Phoenix FD Shooters Card \_\_\_\_\_ BATF Permit Number \_\_\_\_\_

\*\*Provide copies of each

### DISPLAY SITE INFORMATION

Date of Display: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Address/Location of Display \_\_\_\_\_

\*\*Attach Site Plan

Expected Arrival Date of Fireworks to Site \_\_\_\_\_ Time \_\_\_\_\_

Name of Event \_\_\_\_\_

Description of Event \_\_\_\_\_

Property Owner Name \_\_\_\_\_

\*\*Attach additional sheets if more than one property owner is involved, provide written permission, lease, etc.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

### SPONSOR INFORMATION

Corporate or Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### MONITOR COORDINATOR

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

\*\*Submit a copy of insurance certificate

Issue Date \_\_\_\_\_ Public Liability Amount **\$1,000,000**

\*\*Minimum amount

### FIREWORKS SUPPLIER

Company Name \_\_\_\_\_

\*\*Supply copy of invoice—listing type, quantity and total weight

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ 24 Hour Emergency Phone (\_\_\_\_) \_\_\_\_\_

### TRANSPORTATION OF FIREWORKS

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ 24 Hour Emergency Phone (\_\_\_\_) \_\_\_\_\_

Hazardous Materials Transportation Permit Number \_\_\_\_\_

\*\*Provide Copy of Permit

Manner of Storage and Location of Display Fireworks Pre-Event \_\_\_\_\_

Manner of Storage and Location of Display Fireworks Post-Event \_\_\_\_\_

### COMMUNICATIONS

Detail communication system for Monitors and Assistants \_\_\_\_\_

\*\*Provide additional sheets if necessary

Emergency communication for Sponsor and Spectator Area \_\_\_\_\_

Reporting an emergency **911** 24 Hour On Site Phone (\_\_\_\_) \_\_\_\_\_

\*\*All employees and agents to be trained

\*\*Must be accessible to all employees and agents

## ASSISTANTS, EMPLOYEES, MONITORS AND AGENTS

List Assistant(s) that will handle display fireworks—Must be 18 years old

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List monitors, employees, agents and additional assistants on the provided ATTACHMENT. A minimum of four Monitors is required and they must be at least 18 years old. List of additional assistants, monitors, employees and agents may be submitted on the day of event.

Failure to submit all information detailed in the Florence Fire Rescue Guidelines to obtain permit for outdoor fireworks display at the time of application will cause processing of the permit to be suspended or delayed.

ISSUANCE OF A PERMIT CONSTITUTES PERMISSION TO STORE, USE OR HANDLE, OR TO CONDUCT PROCESSES WHICH PRODUCE CONDITIONS HAZARDOUS TO LIFE OR PROPERTY. SUCH PERMISSION SHALL NOT BE CONSTRUED AS AUTHORITY TO VIOLATE, CANCEL OR SET ASIDE ANY PROVISIONS OF THE 2003 INTERNATIONAL FIRE CODE, NFPA STANDARDS, OR ANY OTHER APPLICABLE LAW OR REGULATION.

I have received a copy of, have read and understand FLORENCE FIRE RESCUE REQUIREMENTS TO OBTAIN PERMIT FOR OUTDOOR DISPLAY OF FIREWORKS, and agree to comply with all terms, provisions and conditions of the 2003 IFC, NFPA, as well as any other applicable Town, County or State regulations and Requirements.

Permit applicant agrees to carry out all aspects of the Outdoor Fireworks Display in compliance with the 2003 Uniform Fire Code and all other laws or regulations applicable thereto, whether specified or not, and in complete accordance with the approved plans and specification. Permits which purport to sanction violations of the 2003 Uniform Fire Code or any applicable law or regulation shall be void and approvals of plans and specifications in issuance of such permits shall likewise be void.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Plans and Specifications Approved by Florence Fire Department

\_\_\_\_\_ Date \_\_\_\_\_

Plan Reviewer

## ATTACHMENT

### ASSISTANTS, EMPLOYEES, MONITORS AND AGENTS

#### LIST ASSISTANT(S) THAT WILL HANDLE DISPLAY FIREWORKS—Must be 18 years old

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

#### LIST MONITORS TO HANDLE CROWD CONTROL—Must be 18 years old

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

#### LIST OTHER EMPLOYEES OR AGENTS

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## ATTACHMENT

### ASSISTANTS, EMPLOYEES, MONITORS AND AGENTS

#### LIST ASSISTANT(S) THAT WILL HANDLE DISPLAY FIREWORKS—Must be 18 years old

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

#### LIST MONITORS TO HANDLE CROWD CONTROL—Must be 18 years old

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

#### LIST OTHER EMPLOYEES OR AGENTS

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_